

DSFM 57 (rev. 3/2006)

## STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY

Richard M. Flynn, Commissioner

## Division of Fire Safety OFFICE OF THE STATE FIRE MARSHAL

J. William Degnan, State Fire Marshal



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## **LABEL VOID / REPLACEMENT FORM**

MFG. NAME:	MFG. ID #:	DATE:
ADDRESS:		
CITY:	STATE:	ZIP:
TPA:		
ADDRESS:		
CITY:	STATE:	ZIP:
THE FOLLOWING LAB	EL WAS VOIDED:	
NH LABEL #:		
DATE AFFIXED:	DATE VOIDED:VO	DIDED BY:
REASON:		
REPLACEMENT REQUIRED	ENCLOSE CHECK FOR \$25.00 FOR REPLACE  EK PAYABLE TO: STATE OF NH – MODULAR BU	
WARE OFF	TORY ATABLE TO. STATE OF MIT-MODULAR BI	SILDING I NOOKAN
Date rcv Re	For Office use only  d: Date approved: Approved  eplacement label #'s Date sent:	d by: